## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

\_Application or Docket Number

10/538284

|   |  | CLAIMS A  | S FILED - F  |                                     | SMALL ENT                              |                                    |          | OTHER THAN   |                         |    |                     |                        |
|---|--|---|--|-------------------------------------|--|------------------------------------|----------|--------------|-------------------------|----|---------------------|------------------------|
|   |  |   | _(Column   | : 1)                                | (Column 2)                             |                                    |          | TYPE         | <b>₽</b>                | OR | SMALL E             | NTITY                  |
| U.S.  | NATIONAL S                                     | TAGE FEES   |  |                                     |  |                                    | ·        | RATE         | FEE                     |    | RATE                | FEE                    |
| BASI  | C FEE  |   | SMALL ENT.   | = \$ 150                            | LARGI                                  | E ENT. = \$ 300                    |          | BASIC FEE    | 150                     | OR | BASIC FEE           |                        |
| EXA   | MINATION FEE                                   | Ē   | Satisfies PCT Arti                                   |                                     | All other situations = \$100 / \$ 200  |                                    |          | EXAM. FEE    | 100                     |    | EXAM. FEE           | ·                      |
| SEARCH FEE .  |  |   | U.S. is ISA = \$5<br>ALL other coun<br>\$ 200 / \$ 4 | 50 / \$ 100<br>ntries =             | All other situations = \$ 250 / \$ 500 |                                    |          | SEARCH FEE   | CIK                     |    | SEARCH FEE          |                        |
| FEE   | FOR EXTRA SI                                   | PEC. PGS.   | minu   | ıs 100 =                            | / 50 <del>=</del>                      |                                    |          | X \$ 125 =   |                         |    | X \$ 250 =          |                        |
| τοτ   | AL CHARGEAB                                    | LE CLAIMS   | 13 minus 20 = .                                      |                                     |  |                                    |          | X \$ 25 =    |                         | OR | X \$ 50 =           |                        |
| INDE  | PENDENT CLA                                    | AIMS  | y mi   | inus 3 = .                          | ,                                      | 1                                  |          | X \$ 100 =   | 100)                    | OR | X \$ 200 =          | ·                      |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE  | SENT   |                                     |  |                                    |          | + \$ 180 =   | ·                       | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in |  |   |  |                                     |  | lumn 2                             | [        | TOTAL        |                         | OR | TOTÁL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)    |  |   |  |                                     |  |                                    | _        | SMALL E      | ENTITY                  | OR | OTHER SMALL E       |                        |
| TΑ  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | -  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | BER<br>USLY                            | PRESENT<br>EXTRA                   |          | RATE         | ADDI-<br>TIONAL<br>FEE  |    | RATE .              | ADDI-<br>TIONAL<br>FEE |
| OMEN  | Total  | . 13  | Minus  | •• 11                               |  | 2                                  |          | X \$ 25 =    |                         | OR | X \$ 50 =           |                        |
| AMENDMENT   | Independent                                    | . 4   | Minus  | *** 4                               |  | a                                  |          | X \$ 100 =   |                         | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                     |  |                                    |          | + \$ 180 =   |                         | OR | + \$ 360 =          |                        |
|   | <u> </u>                                       | <del></del>   |  |                                     |  |                                    | <b>,</b> | TOTAL ADDIT. |                         | OR | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)  |  | (Colum                              | _                                      | (Column 3)                         | _        |              |                         | _  |                     |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>- AFTER<br>AMENDMENT   |  | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F | BER<br>OUSLY                           | PRESENT<br>EXTRA                   |          | RATE         | ADDI-<br>TIONAL<br>.FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus  | ••                                  |  | à                                  |          | X \$ 25 =    |                         | OR | X \$ 50 =           |                        |
| AMENDM  | Independent                                    | •   | Minus  | ***                                 | •                                      | =                                  |          | X \$ 100 =   |                         | OR | X \$ 200 =          |                        |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                     |  |                                    |          | + \$ 180 =   | ·                       | OR | + \$ 360 =          | ·                      |
| 一   |  |   |  |                                     |  |                                    | •        | TOTAL ADDIT  |                         | OR | TOTAL ADDIT.        |                        |
|   | If the "Highest No                             | lumn 1 is less than th<br>lumber Previously Pa<br>lumber Previously Pa<br>Imber Previously Pa | aid For IN THIS SI<br>aid For IN THIS SI             | SPACE is test<br>SPACE is test      | is than '2<br>is than '3               | 20', enter "20".<br>3', enter "3". |          |              |                         |    |                     | .* •                   |